

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki		vacation	

Review Date: 07/31/2016

M/V Crash: 16-08440

Officer: Z. Zage #10

Squad #526

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course" may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed on 1a. The following reasons will supplement our finding.

1. Off. Zage was responding to an on view crime in progress.
2. The emergency lights were activated on squad #526.
3. All traffic had stopped to yield to #526 except vehicle #1.

CRASH REPORT												Sheet 1 of 1 Sheets		Barcode		* U 1 3 0 2 8 8 8 1 *		
DRVR	PEDV	UTRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGH	COLL	MANV	PPA	PPL						
U1	U2			8	2	1	9	1	1	1	8	99						
INVESTIGATING AGENCY NORRIDGE						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY			<input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500			TYPE OF REPORT ON SCENE NOT ON SCENE (DESKREPORT) AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 16 08440		TRW
ADDRESS NO.		HIGHWAY or STREET NAME CUMBERLAND				City	Township	INTERSECTION RELATED	Ay	In	DATE OF CRASH 07/29/16	TIME 5:38 AM	LARS CODE	VEH T				
(CIRCLE)		(CIRCLE) FT / MINE S/W <input checked="" type="checkbox"/> AT INTERSECTION WITH NAME OF INTERSECTION OR ROAD FEATURE WILSON				County COOK	PRIVATE PROPERTY	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	DOORING WITH PEDAL CYCLIST?	<input type="checkbox"/> Y	NUMBER MOTOR VEHICLES INVLD 2	LARS CODE	U1				
NAME Jr JOHNSON, JAMES A		LAST, FIRST, MI	MO. DOB / yr	SEX	SAFT	AIR	MAKE SAAB	MODEL 900	YEAR 97	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	8 7 6 5 4 3 2 1	Y N	TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR	U2				
STREET ADDRESS 4020 N. OL COTT		CITY NORRIDGE	STATE IL	ZIP 60706	INJURY 0	EJECT 1	PLATE NO. M 2 4	STATE IL	YEAR 16	POINT OF FIRST CONTACT 01	7 6 5 4 3 2 1	Y N	NO LANES ALGN RSUR VEHU	2				
TELEPHONE 817		DRIVER LICENSE NO.				STATE IL	CLASS DM	VEHICLE OWNER (LAST, FIRST, MI) SAME		INSURANCE CO. ALL STATE	TELEPHONE		POLICY NO.	U1				
TAKEN TO N/A		EMS AGENCY N/A				OWNER ADDRESS (STREET, CITY, STATE, ZIP)								2				
NAME ZAGE, ZACH		LAST, FIRST, MI	MO. DOB / yr	SEX	SAFT	AIR	MAKE FORD	MODEL CROWN VIC	YEAR 11	CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN	8 7 6 5 4 3 2 1	Y N	TOWED DUE TO CRASH FIRE CELLPHONE EXCEED SPEED LIMIT COM VEH * IF YES SEE SIDEBAR	U2				
STREET ADDRESS 4020 N. OL COTT		CITY NORRIDGE	STATE IL	ZIP 60706	INJURY 0	EJECT 1	PLATE NO. M 2 4	STATE IL	YEAR 11	POINT OF FIRST CONTACT 02	7 6 5 4 3 2 1	Y N	REF BAC	1				
TELEPHONE 708-453-4770		DRIVER LICENSE NO.				STATE IL	CLASS D	VEHICLE OWNER (LAST, FIRST, MI) VILLAGE OF NORRIDGE		INSURANCE CO. MESTROW INSURANCE	TELEPHONE 908-453-0800		POLICY NO. DIRECT CLAIMS REPORTING BG 13 005403	U1				
TAKEN TO N/A		EMS AGENCY N/A				OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N. OL COTT		VILLAGE OF NORRIDGE IL						96				
(UNIT) (SEAT)		(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)		(HOSP)			(EMS)	# OCCS				
2 3		11 2 4 0												1				
		1 1												2				
		1 1												DIRP				
		1 1												5				
		1 1												7				
EVNO		(MOS)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME VILLAGE OF NORRIDGE				DAMAGED PROPERTY SQUAD CAR		CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE? <input type="checkbox"/>					
1		0	1	1	PROPERTY OWNER ADDRESS 4000 N. OL COTT				CITY NORRIDGE	STATE IL	ZIP 60706	PRIMARY 02	35	IF YES CHECK ONE BELOW:				
2		0			ARREST NAME JR JOHNSON, JAMES A				SECTION 11-907a1	CITATION NO. YB 411297	SECONDARY 11	TIME NOTIFIED 5:38 PM	CONSTRUCTION					
3		0			ARREST NAME JR JOHNSON, JAMES A				SECTION 62-61	CITATION NO. YB 411298	DATE POLICE NOTIFIED 07/29/16	COURT DATE 08/29/16	MAINTENANCE					
4-2 C		1	0	1	OFFICER ID 108				BEAT / DIST. 2	SUPERVISOR ID 109	COURT TIME 1:30 AM	COURT TIME 1:30 PM	UTILITY					
2		0			SIGNATURE John								UNKNOWN WORK ZONE TYPE					
													WORKERS PRESENT? <input type="checkbox"/>					

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130288881

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USPOT NO. _____

ILCC NO. _____

Source of above info. Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNKDid HAZMAT Regulations violation contribute to the crash? Y N UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT Y N UNK Out of Service? Y N
MCS Y N UNK Out of Service? Y N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? Y NTRAILER WIDTH(S): 0-96" 97-102" >102" TRAILER 1 TRAILER 2

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS S/B CUMBERLAND PASSING WILSON. UNIT 2, WITH ITS EMERGENCY LIGHTS ACTIVATED, WAS TURNING W/B INTO A PRIVATE PARKING LOT. UNIT 1, WITH ITS FRONT BUMPER, STRUCK UNIT 2 CAUSING DAMAGE TO BOTH. NO INJURIES WERE REPORTED AT THE TIME OF THE CRASH. PER DEPARTMENT POLICY, DRIVER AND PASSENGER OF UNIT 2 WERE REQUIRED TO SEEK MEDICAL ATTENTION.

LOCAL USE ONLY

U1 Color

BLK

U2 Color

BLK

U1 Towed by to

N/A

U2 Towed by to

N/A